

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-019769

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 267 Primary Registration District No. 5902 Registrar's No. 96

FILED MAY 25 1962

1. PLACE OF DEATH

a. COUNTY Pemiscot

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Hayti township

Length of stay in 1b
30 yrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Rt. 2

Inside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Pemiscot

c. CITY OR TOWN Hayti

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)
Rt. 2 Box 249

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First Middle Last
Lelar Gordon

4. DATE OF DEATH
Month Day Year
May 18, 1962

5. SEX

Female

6. COLOR OR RACE

Negro

7. Married

☒ Never Married ☐ Divorced ☐ Widowed ☐

8. DATE OF BIRTH

2-15-1907 55

9. AGE (last birthday)

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Factory Worker

10b. KIND OF BUSINESS OR INDUSTRY
Laundry

11. BIRTHPLACE (City and state or country)
Mississippi

12. CITIZEN OF WHAT COUNTRY
U. S. A.

13a. FATHER'S NAME

Bill Pugh

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

Garfield Gordon

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No XX

7. INFORMANT
Address
Francis Patterson, Oceola, Ark.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Hypertensive Cardiovascular Disease - Coronary Artery Disease 18 yrs

DUE TO (b)

Coronary Artery Disease 12 yrs

DUE TO (c)

Secondary Anemia 6 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT ☐

SUICIDE ☐

HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 9-27-60 to May 18-1962 and last saw her alive on May 18 1962
Death occurred at 7 am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Osborne M.D.

22b. ADDRESS

Hayti, Mo.

22c. DATE SIGNED

5-21-62

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE

5-20-62

23c. NAME OF CEMETERY OR CREMATORY

Concord Cemetery

23d. LOCATION (City, town, or county)

Rt. 1 Hayti, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Osburn Funeral Home, Hayti, Mo.

25. DATE RECD. BY LOCAL REG.

5/22/62

26. REGISTRAR'S SIGNATURE

Charles E. Sloan

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James G. DeBurr

Licensed Embalmer No. 4185

P. O. Address Hayti, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Embalment permit obtained.